

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 09/02/03.

I. DISPUTE

Whether reimbursement is recommended for dates of service 03/25/03 through 05/14/03.

II. FINDINGS

Dates of service 03/26/03, 04/09/03, 04/28/03, 05/13/03 and CPT code 99213 for date of service 05/14/03 have been paid per new Table of Disputed Services dated May 3rd, 2004, and will not be reviewed.

III. RATIONALE

Requestor billed \$108.00 for CPT code 95851 for date of service 04/23/03. Carrier made no payment and no EOB was submitted by the carrier or requestor, therefore, services will be reviewed per the MFG. Requestor submitted relevant information that indicates an office visit was performed on the dates of service in dispute. According to MFG MGR (I)(E)(4) reimbursement for range of motion is considered global when performed on the same date as an office visit.

Therefore, reimbursement is not recommended.

Requestor billed \$18.00 for conductive paste/Gel and carrier made no reimbursement. Carrier denied services for CPT code A4558 on date of service 03/25/03 as "G-Unbundling Included in another billed procedure." Carrier does not indicate what this paste is global to. The treating doctor prescribed this paste in conjunction with the therapy provided on the same date of service. Therefore, reimbursement in the amount of **\$18.00** is recommended.

Requestor billed \$129.00 for CPT code 97750-MT and carrier reimbursed \$86.00, leaving \$43.00 in dispute. Relevant information indicates that 3 injured body areas were tested for the date of service in dispute per MFG MGR (I)(E)(3).

Therefore, additional reimbursement **is** recommended in the amount of **\$43.00**. (\$129.00 x 3 body areas - \$86.00 already paid = \$43.00)

Requestor billed \$755.00 for CPT code 72148 for date of service 04/04/03 and carrier made no payment. Relevant information submitted by the carrier indicates that Advanced Imaging has already billed for the technical component on this date. Therefore, per the carrier's denial and information submitted reimbursement is not recommended per 133.307(e).

IV. FINDINGS & DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT code A4558 and 97750-MT. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$61.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings and Decision are hereby issued this 4th day of May 2004.

Michael Bucklin
Medical Dispute Resolution Officer
Medical Review Division

MB/mb